

Milwaukee County Office of Emergency Management-EMS Division (OEM-EMS)

General Medicine: SHOCK Practice Guideline

Patient Care Goals:

- Initiate early fluid resuscitation and vasopressors to maintain/ restore adequate perfusion to vital organs
- Differentiate between possible underlying causes of shock in order to promptly initiate additional therapy

Patient Presentation:

Inclusion Criteria

Signs of poor perfusion such as one or more of the following:
 Altered mental status
 Delayed/flash capillary refill
 Hypoxia

Decreased urine output
Respiratory rate greater than 20 in
adults or elevated in children (see
normal vital signs table)
Hypotension for age (lowest
acceptable systolic blood pressure in
mmHg):

Less than 1 yo: 60 1-10 yo: (age in years) (2)+70 Greater than 10 yo: 90

Tachycardia for age, out of proportion to temperature Weak, decreased or bounding pulses Cool/mottled or flushed/ruddy skin

Treatment:

Underlying causes Normal Saline Bolus (IV/IO) given over 10 mins...not slower; *sepsis uses 30 mL/kg dosing. Norepinephrine infusion (see medication list for dosing)

Quality Improvement:

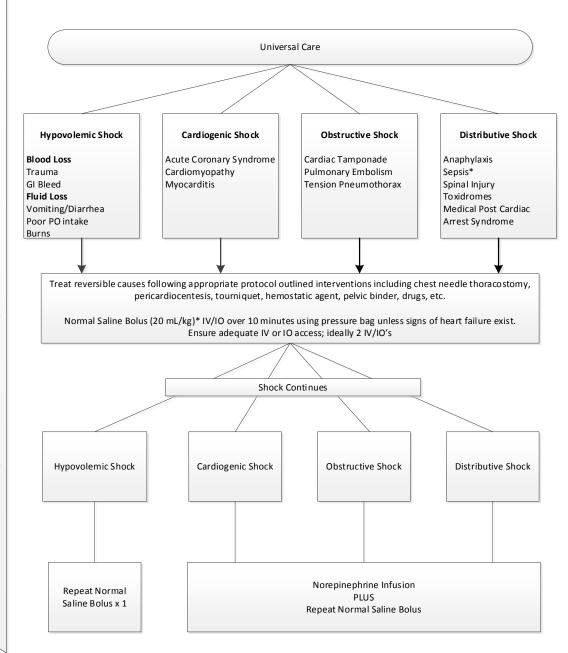
Search for early (compensated) signs of shock.

IVF volume/rate and access type. Use of a Sepsis Alert to receiving hospitals.

Patient Safety Considerations:

Recognition of cardiogenic shock - if patient condition deteriorates after fluid administration, rales or hepatomegaly develop, then consider cardiogenic shock and Holding further fluid administration and begin norephinephrine infusion.

Paramedic Working Assessment: Shock General Causes



Initiated: 03/01/2018 Reviewed/Revised: Revision Approved: M. Riccardo Colella, DO, MPH, FACEP Reviewed: EMS Division Director Kenneth Sternig, RN

WI DHS EMS Approval: 03/01/2018